

# Family Relationships and Coping with the Stress of Young People from Migrant Families with Cerebral Palsy

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**Abstract**—The aim of this article is to present a relation between family relationships and styles of approach to coping with stress among young people from migrant families with cerebral palsy. The study involved 70 persons (with cerebral palsy in the standard intellectual capacity) from families, in which at least one of parents is a migrant. To measure the level of communication in the family, the Family Relationships Questionnaire (FRQ) was employed, while the styles of coping with stress was investigated with the CISS Questionnaire. The relation between family relationships and styles of coping with stressful situations of the respondents was investigated. It was shown that there is an affiliation between the emotion-oriented style of coping with the stress and the variable of “communication in my family”. Moreover, it was demonstrated that there is a linkage between the task-oriented style of coping with the stress and the variable of “maternal control in mother-child relationship”. Young people with CP subjected to overprotection and control from their mothers in problem situations tend to focus on their own emotions instead of trying to undertake constructive actions. Excessive control in daily life by mothers results in passivity and a lack of motivation to cope with difficult situations.

**Keywords**—Young people with cerebral palsy, family relationships, styles of coping with stress, migration.

## I. INTRODUCTION

FAMILIES in which children with Cerebral Palsy (CP) are raised struggle with many problems of both emotional and financial nature [1]. Even the diagnosis of CP, which is defined by Michałowicz as “*a non progressive dysfunction of motor neuron of the developing brain that can occur during pregnancy, during childbirth or in the postnatal period, CP is not a separate clinical disease but rather a group of etiologically and clinically adverse syndromes with different anatomo-pathologic forms*”, evokes strong emotions in parents [2]. Because of the variety of movement disorders, as well as the co-existence of other symptoms confirming the damage to the central nervous system, CP is divided into four major classifications reflecting different movement impairments, as well as the areas of the brain that are damaged. The following forms of CP are distinguished:

- 1) Spastic (pyramidal) forms, which are the effect of the damage to the pyramidal tract consisting of two groups of nerve fibers responsible for voluntary movements. Spastic

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CP is often named in combination with the topographical distribution of body parts affected:

- a) Monoparesis – when only one of the limbs is affected,
  - b) Diparesis – meaning that a pair of limbs is affected (primarily affects the lower body),
  - c) Left-sided or right-sided Hemiparesis – indicates that arm and leg on one side of the body is affected,
  - d) Paraparesis – means that lower half of the body is affected, including both legs,
  - e) Tri paresis – indicates that three limbs are affected (e.g. both arms and a leg or both legs and an arm),
  - f) Double hemiparesis – means that all four limbs are involved, but one side of the body is more affected than the other,
  - g) Tetraparesis – means that all four limbs are affected but three limbs are more affected than the fourth,
  - h) Quadriparesis – indicates that all four limbs are involved,
  - i) Pentaparesis – means all four limbs are involved, with neck and head paralysis often accompanied by eating and breathing complications.
- 2) Dyskinetic (extrapyramidal) forms – are the result of the damage to subcortical structures of the brain, outside the pyramidal tract. One of the main characteristics of dyskinetic CP is involuntary movement. The movements can be slow or fast, often repetitive and rhythmic and sometimes taking choreo-athetoid form, which is a combination of uncoordinated, irregular, abrupt movements (chorea) and repetitive, squirming, twisted, involuntary movements (athetosis).
  - 3) Cerebellum (ataxic) form – is the effect of the damage to the cerebellum and affects the coordinated movements. It is characterized by impaired balance and coordination. It affects the posture and the walking gait and is often accompanied by hydrocephalus.
  - 4) Mixed CP forms – involve the symptoms characteristic for both spastic and extrapyramidal forms (e.g. some limbs affected by spasticity and others by athetosis) [3].

While the clinical picture of the disorder manifests during development of the child it evokes various emotional reactions in the parents which include: shock, grief, shame, disappointment, guilt, feeling of injustice, but also hope and love for the child [1]. The latter feelings make the parents undertake every possible action for comprehensive rehabilitation of their child. Unfortunately, taking care of a child with disability is connected with incurring high costs associated with medical treatment, rehabilitation, adaptation of

the apartment, purchase of specialized equipment, transport to educational and rehabilitative facilities or the advice of private specialists. Women often give up their professional career, social and even personal life in order to take care of bringing up the child with disability [4]. This results in the reduction of family's financial budget. Additionally, the social support in Poland does not ensure stabilization because it is disproportionate to the needs [5]. Therefore, the migration abroad may be an opportunity to earn money necessary for rehabilitation. Yet, the migration of a family member may also contribute to the family breakdown. As the result of migration the family may become dysfunctional, communication may be disrupted and the family bounds weakened. Young people with CP need support from both – mother and father [6]. Unfortunately, the migration of a parent causes temporary separation to which the children with disabilities react differently. Young people deprived of contact with a parent may experience solitude, which is especially dangerous, since it may contribute to serious adaptive and personal problems. Young people who feel socially isolated experience a higher level of psychological stress, more frequently go through difficulties and failures at school, and more often lapse into addictions and crime [7]. Maintaining the solid and satisfactory relationships with other people, especially with the family members is extremely important for young persons. Correct relationships help to meet the needs, have a great importance in the process of socialization, build the self-esteem, develop personality and reduce stress [8]. Young people with CP experience stress related with physical disability and the temporary absence of a parent due to migration for labor purposes is additionally aggravating. It can interfere with the proper functioning of the family and be the reason of living in a permanent stress.

The concept of stress was formulated most extensively in the transactional stress theory, where it is defined as an internal state, the system of psychological processes that is induced by external factors. The main psychological mechanism responsible for individual differences is the cognitive evaluation of a threat, understood as the mechanism for assessing, interpreting and informing about the events [9].

In view of Richard S. Lazarus the processes of cognitive assessment include the evaluation of the relation with regard to threat and harm done to the values involved at any given time – the original assessment; as well as the possibility of action – the secondary assessment [10]. The engagement of an individual with their environment does not always have to be of a stressful nature but may also be a favorable - positive situation or a situation without significance for the individual. If a person evaluates a situation as one exceeding their capacity to cope, in effect they experience stress. The secondary assessment is the predictor of activity which is aimed at transforming a stressful engagement, which is defined as coping [11].

Differentiate three types of coping with stressful situations:

- Task-oriented coping,
- Emotions-oriented coping,
- Avoidant coping [11].

First of the above-mentioned is the task-oriented style, which consists in undertaking remedial actions, i.e. endeavors aimed at solving the problem through cognitive transformations or attempts to change the situation. The task plays an important role in this approach. Another style is the emotion-oriented type, which is characterized by specific behaviors in stressful situations such as: focusing on oneself and one's own emotional experiences (anger, guilt or tension), wishful thinking, fantasizing. The actions taken under this style are aimed at reducing the emotional tension associated with the stressful situation, but in fact may lead to the opposite effects. The third style is focused on avoidance and is characteristic for persons, who in stressful situations tend to avoid thinking, feeling and experiencing this situation. The avoidant style of coping has two forms: avoidant-distracted coping by Engaging in Alternative Activities (EAA scale) or Avoidant-social coping by Seeking Social Contacts (SSC) [11].

## II. MATERIAL AND METHODS

The study was conducted in 2012 and 2013 in the area of eastern Poland (i.e. Warmia and Masuria, Podlaskie, Lublin, Subcarpathian and Lesser Poland Voivodeships). These regions are characterized by a high rate of periodic (short-term) migration, primarily for labor purposes. The study involved 70 persons with disabilities (with cerebral palsy in the standard intellectual capacity), 34 girls and 36 boys (similar gender distribution) from families where at least one of parents migrates. Among young people with CP occurred monoplegia: 36.63%; paraplegia: 32.46%; hemiplegia: 27.81% and the mixed form: 3.1%; (the classification based on topographical distribution was used). In addition, the respondents suffer from allergies (5.2%), diabetes (1.8%), arrhythmias (1.8%).

Most often the phenomenon of migration concerns fathers of the respondents (67.2%), less frequently mothers (30%) and the migration of both parents is the least common (2.8%). Long-term migration, lasting between six and 12 months, is experienced by 56% of inquired young people while the short-term migration lasting between one and three months is experienced by 44% of respondents. Respondents did not experience migration lasting more than a year. Parents typically migrate for labor purposes to the UK (43%), France (11%), Italy (10%) and Germany (10%). During the absence of a parent, care of the young people with CP is taken by the parent who stays in homeland (79.6%), and then respectively by grandparents (15.3%), adult siblings (2.6%) and the young people with CP (2.5%).

For the analysis of the survey results a quantitative method was employed, using the following research tools: The Family Relationships Questionnaire (FRQ) by M. Plop & P. Połomski and the CISS Questionnaire by N.S. Endlerai & J.D.A. Parker. The Family Relationships Questionnaire is designed to investigate family relationships in perception of young people (aged 15 years to 20 years). The questionnaire consists of six versions which serve for the assessment of:

- The family as a whole. This is the version: “My Family” and contains 32 items that allow to assess the following dimensions: communication, integrity, autonomy – control and identity.
- The parents as a married couple. This is the version: “My Parents as a couple” and contains 16 items that allow to assess the following dimensions: communication, integrity, and autonomy – control.
- Relationships with mother. This is the version: “My Mother” and contains 24 items that allow to assess the following dimensions: communication, integrity, autonomy – control.
- Relationships with father. This is the version: “My Father” and contains 24 items that allow to assess the following dimensions: communication, integrity, autonomy – control.
- Concepts on how the relations with a given child is evaluated by mothers. This is the version: “Me in my Mother’s eyes” and contains 24 items that allow to assess the following dimensions: communication, integrity, autonomy – control.

Concepts on how the relations with a given child is evaluated by their fathers. This is the version: “Me in my Father’s eyes” and contains 24 items that allow to assess the following dimensions: communication, integrity, autonomy – control [12].

The CISS questionnaire is used for the diagnosis of styles of coping with stress. The tool consists of 48 statements about different behaviors that can be taken in stressful situations. The respondents determine on a five degrees scale the frequency with which they undertake given measures in difficult situations related with stress (where: 1 – *never*, 2 – *rarely*, 3 – *sometimes*, 4 – *often*, 5 – *very often*). The results are presented on three scales: TOS – Task Oriented Style (e.g. *I focus on the problem and wonder how to solve it*); EOS – Emotions Oriented Style (e.g. *I become very tense*); AOS – Avoidance Oriented Style (e.g. *I go to have fun*). The last of the styles may take two forms: EAA – Engaging in Alternative Activities (e.g. *I wander around the shops*) and SSC – Seeking Social Contacts (e.g. *I’m trying to spend time with other people*).

### III. ANALYTICAL PROBLEM

The aim of the survey was to find the answer to a question: What is the relation between family relationships and the employed styles of coping with stress of young people with Cerebral Palsy from families temporarily incomplete due to migration?

*Hypothesis: There is a relation between the family relationships and styles of coping with the stress in young people with CP from families temporarily incomplete due to migration.*

### IV. STUDY RESULTS

Statistical analysis was used in order to determine the mutual relations between the family relationships and the

styles of coping with the stress in young people with cerebral palsy from families temporarily incomplete due to migration. For this purpose, the presented below r-Pearson correlation analysis was performed between FQR and CISS scales (cf. Table I)

TABLE I  
 R-PEARSON’S CORRELATIONS BETWEEN CISS AND FQR SCALES

CISS	FQR- My Family			
	Communication	Cohesion	Control	Identity
TOS	Si	Si	Si	Si
EOS	-0,42***	Si	Si	Si
AOS	Si	Si	Si	Si
EAA	Si	Si	Si	Si
SSC	Si	Si	Si	Si
<b>FQR- My Mother</b>				
	Communication	Cohesion	Control	
TOS	Si	Si	-0,29**	
EOS	-0,26**	Si	Si	
AOS	Si	Si	Si	
EAA	Si	Si	Si	
SSC	Si	Si	Si	
<b>FQR- My Father</b>				
	Communication	Cohesion	Control	
TOS	Si	Si	Si	
EOS	-0,20*	Si	Si	
AOS	Si	Si	Si	
EAA	Si	Si	Si	
SSC	Si	Si	Si	

Si- r-Pearson’s correlations are statistically insignificant  
 \*\*\* significance <0,001; \*\* significance <0,01; \* significance <0,05

Correlation analysis showed that there is a relationship between the Emotion Oriented Style of coping with stress and the variable of “communication in my family” ( $r = -0.42$ ,  $p = 0.001$ ). If the correlation is negative and moderate, the relation is important. The tendencies to focus on one’s own emotions in stressful situations, involving excessive experiencing and analyzing instead of undertaking constructive actions, are promoted by incorrect family relations in the aspect of communication. Thus, the less openness, sincerity, acceptance and understanding in the communication between family members, the greater the tendency to focus on one’s own feelings of anger or guilt, for example, in stressful situations. In this regard, the significant factors are the relationships in terms of communication with mother ( $r = -0.26$ ,  $p = 0.01$ ) and father ( $r = -0.20$ ,  $p = 0.05$ ). If the correlations are negative and weak, the relation is important. Young people with CP manifest problems with family relationships concerning the communication with both mother and father. The migrant separation does not foster expressing closeness, openness and understanding in terms of communicating with relatives. This results in a lack of trust and mutual understanding and affects cooperative solving of problems. In stressful situations, young people with physical disabilities focus on themselves and experience negative emotions.

The correlation analysis also proved that there is a relation between the style of coping with stress focused on action and the variable of the control in the relationship with mother



( $r=0.29$ ,  $p 0.01$ ). If the correlation is negative and weak, the relation is important. Every member of the family needs autonomy. If mothers exercise excessive control and interfere in the affairs of their children, then the young people do not make efforts aimed at solving problems in stressful situations. Young people with CP who are constantly appeased and overly controlled do not make any effort and have no motivation to cope with difficult situations.

#### V. CONCLUSIONS

It was demonstrated that there is a relation between the emotion-oriented style of coping with stress and the variable of "communication in my family". Moreover, the correlation was observed between the task-oriented style of coping and the variable of "maternal control in mother-child relations". The obtained results of the survey indicate the need of preventive actions. Young people with Cerebral Palsy experiencing migration of a parent require psychological and pedagogical support.

The research carried out in the present work indicates that young people with CP manifest difficulties in coping with stress. In problem situations they tend to focus on their own emotions, which involves excessive experiencing and analyzing instead of undertaking constructive action. The choice of this style of coping is promoted by unsatisfactory family relationships in the field of communication with both mother and father. As a result of the migration of a partner, women may feel overburdened with an excess of household duties. The family life revolves around the tasks performed by mothers and bringing up a child with physical disabilities is connected with the additional duties associated of nursing and rehabilitation. These factors may lead to the excessive control of the child. Also, the mothers who travel abroad leaving the child with disability under care of the relatives have tendency to exercise excessive control over family life (frequent phone calls, questions concerning health of the relatives and details of the family life). Problems arise during stressful situations, because excessive control and restrictions of privacy that imposed. Young people with CP feel that their privacy is limited. The excessive control from the mother brings the atmosphere of tension and distrust. Lack of freedom restricts the individuality of the child, causes passivity and lack of motivation to cope with difficult situations.

Difficulties associated with the functioning of young people with CP in the situation of problem families should be mitigated by taking appropriate measures such as:

- Diagnosis of changes in family relationships;
- Psychological and pedagogical support for young people with physical disabilities;
- Systemic therapy of the family, in which there are disturbances in relationships;
- Informing about the risks of migration for family life;
- Assistance and support of remigration.

The issues discussed above require more research. Further studies are important from both theoretical and practical point of view.

In the future it would be worthwhile extending the studies with the resources available to the family system. The qualitative analysis of the entire family, showing individual circumstances and experiences would be particularly valuable.

#### REFERENCES

- [1] M. Chodkowska "Mieć dziecko z porażeniem mózgowym. Pamiętniki matek". Lublin: Pracownia Wydawnicza Fundacji „Masz Szansę”, 1995, pp. 72-75.
- [2] R. Michałowicz "Mózgowe porażenie dziecięce". Warszawa: Wydawnictwo PZWL, 2001, pp. 17.
- [3] Z. Łosiowski "Dziecko niepełnosprawne ruchowo. Wybrane zaburzenia neurorozwojowe i zespoły neurologiczne". Warszawa: Wydawnictwo WSiP, pp. 12.
- [4] V. M. Milbrath, D. Cecagno, D. Cardoso Soares., S. C. Amestoy, H. C. Heckler de Siqueira "Being a woman, mother to a child with cerebral palsy". "Acta Paul Enferm" 2008, 21(3), pp. 427-431.
- [5] E. Wiśniewska, W. Kułak "Sytuacja socjalna rodzin wychowujących dziecko z mózgowym porażeniem dziecięcym". „Neurologia dziecięca” 2010, Vol. 19, pp. 43-45.
- [6] A. Gagat-Matula "Functioning of a Temporarily Single Parent Family System Due to Migration from the Perspective of Adolescents with Cerebral Palsy", International Science Index, Venice 2015, International Scholarly and Scientific Research & Innovation west.org. Venice 2015, pp.963-968.
- [7] Z. Dołęga "Samotność młodzieży - analiza teoretyczna i studia empiryczne", Katowice: Wydawnictwo Uniwersytetu Śląskiego, 2003, pp. 81.
- [8] M. Ryś "Kształtowanie się poczucia własnej wartości i relacji z innymi w różnych systemach rodzinnych". „Kwartalnik Naukowy”, 2011, vol 2(6). pp. 64.
- [9] R. Lazarus, S. Folkman „Transactional theory and research on emotions and coping”, „European Journal of Personality”, Vol. 1.1987, pp. 14-169.
- [10] R. S. Lazarus „Cognitive and personality factors underlying threat and coping”, New York: Press Columbia University, 1970, pp. 29.
- [11] J. Strelau, A. Jaworowska K. Wrześniewski P. Szczepaniak „Kwestionariusz Radzenia Sobie w Sytuacjach Stresowych CISS Podręcznik” Warszawa: Pracownia Testów Psychologicznych Polskiego Towarzystwa Psychologicznego, 2005, pp.24-28.
- [12] M. Plopa, P. Połomski "Kwestionariusz relacji rodzinnych". Podręcznik, Warszawa: Vizja Press&IT, 2010, pp.126-140.